

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on May 4/2000  
By: Nancy L. Lynn  
Printed: Nancy L. Lynn



Docket No.: PF-0519-1 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman et al.

Title: HUMAN APOPTOSIS ASSOCIATED PROTEINS

Serial No.: 09/471,749

Filing Date: December 22, 1999

Examiner: Harris, A.

Group Art Unit: 1642

Box Non-Fee Amendment  
Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (6 pp., in duplicate);
3. Supplemental Information Disclosure Statement (2 pp., in duplicate); and
4. List of References Cited PTO-1449 Form (1 pg.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total Claims	20	-	20	=	0	\$18		\$1
Indep. Claims	1	-	3	=	0	\$78		\$0
First Presentation of Multiple Dependent Claim						+\$260		\$0

TOTAL \$ 0

☒ No additional fee is required.  
☐ Please charge Deposit Account No. 09-0108 the amount of \$

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE PHARMACEUTICALS, INC.

Diana Hamlet-Cox

Diana Hamlet-Cox, Ph.D.

Reg. No. 33,302

Direct Dial Telephone: (650) 845-4639

Date: 4 May 2000

3160 Porter Drive  
Palo Alto, California 94304  
Phone: (650) 855-0555  
Fax: (650) 849-8886

RECEIVED  
MAY 15 2000  
TC 1600 MAIL ROOM